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Certificate of Mailing	
Date of Deposit <u>January 23, 2001</u>	Label Number: <u>EL509217105US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
<u>Guy Beardsley</u> Printed name of person mailing correspondence	<u>Guy Beardsley</u> Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	00786/372003
Applicant	Denise Faustman
Title	TREATMENT OF AUTOIMMUNE DISEASE
PRIORITY INFORMATION:	
This application is a continuation-in-part of and claims priority from United States patent application 09/521,064, filed March 8, 2000, which in turn claims priority from U.S. Patent Application 60/123,738 filed March 10, 1999.	
SMALL ENTITY STATUS:	
<input type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	57 pages
Claims	3 pages
Abstract	1 page
Drawing	8 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and such small entity status is still proper and desired.	0 pages
Preliminary Amendment	0 pages
IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references

Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1

**FILING FEES:**

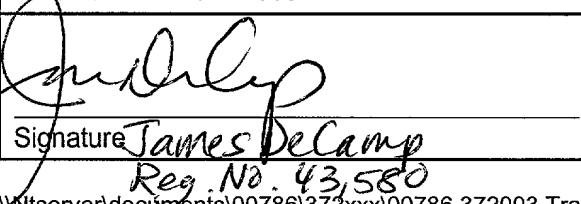
Basic Filing Fee: \$710	\$710.00
Excess Claims Fee: 19 -20 x \$18/\$9	\$0
Excess Independent Claims Fee: 4 -3 = 1 x \$80	\$80.00
Multiple Dependent Claims Fee: \$270/\$135	\$0
Total Fees:	\$790.00

- Enclosed is a check for \$790.00 to cover the total fees.
- Please apply any other charges, or any credits, to Deposit Account No. 03-2095.

**CORRESPONDENCE ADDRESS:**

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**CUSTOMER NO: 21559**

  
Signature James DeCamp

23 January 2001

Date

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